

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **717202** (6)  
1. Corporation Name  
**EAST POLK COUNTY MULTIPLE LISTING SERVICE, INC.**

Principal Place of Business Mailing Address  
**700 AVENUE B, SW WINTER HAVEN FL 33880-2832 US** **700 AVENUE B, SW WINTER HAVEN FL 33880 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/18/1969</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FBI Number <b>59-1291815</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent  
**HOLLAND, DONALD J.  
700 AVENUE B, SW  
WINTER HAVEN FL 33880**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CLEAVES, JUDY B III 311 3RD ST NW WINTER HAVEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RICHARDS, BARBARA A. 215 2ND ST SE WINTER HAVEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V KATHMAN, PATRICIA A 315 E CENTRAL AVE WINTER HAVEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HUIE, STEPHEN C. 277 MAGNOLIA AVE SW WINTER HAVEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SECKEL, LARRY A 209 CYPRESS GARDENS BLVD WINTER HAVEN FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DOUGLAS, BARBARA S 117 AVE B NE WINTER HAVEN FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>President Elect</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CLEVELAND, Jr., Donald E. 243 Third St., SW Winter Haven FL 33880</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CINQUANTI, Sally J. 209 Cypress Gardens Blvd. Winter Haven FL 33880</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<b>Secretary/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition thereto with an address.

SIGNATURE: *Barbara S. Douglas* March 7, 1995  
Signature and typed or printed name of officer or director  
Date  
Sec./Treas. (813) 293-6131  
Typed Name